

Guided Care: Better Care for Older People with Chronic Conditions

More than 125 million Americans have at least one chronic health condition, and 60 million have more than one. These people, many of them elderly, manage multiple conditions, treatments, medications, and doctors. Primary care doctors often don't have the time or resources to properly manage their complex, chronic health problems. Patients and family members who care for them are often less healthy, confused by treatments and medications, and overwhelmed by high health care costs. As the baby boomers age, this problem will multiply. In response, a multidisciplinary team from the Roger C. Lipitz Center for Integrated Health Care at the Johns Hopkins Bloomberg School of Public Health designed Guided Care® as a model of comprehensive health care by physician-nurse teams for people with several chronic health conditions, specifically focusing on the 25% of patients at highest risk for using health services heavily.

The Guided Care Model

In Guided Care, a registered nurse, who is based in a primary care office, works closely with 2-5 physicians and other members of the care team to provide coordinated, patient-centered, cost-effective care to 50-60 of their chronically ill patients. Following a comprehensive in-home assessment and care planning process, the Guided Care nurse promotes patient self-management, monitors conditions monthly, coordinates efforts of all health care providers, smoothes transitions between sites of care, educates and supports family caregivers, and facilitates access to community resources. [Boyd CM et al. *Guided Care for Multimorbid Older Adults. Gerontologist 2007;47(5):697-704.*]

Cluster-randomized Controlled Trial (cRCT) of Guided Care

Encouraged by results of a 1-year pilot, the Lipitz Center secured grant funding from the John A. Hartford Foundation, the Agency for Healthcare Research and Quality, the National Institute on Aging, and the Jacob and Valeria Langeloth Foundation to conduct a 32-month cRCT of Guided Care in 8 community-based primary care practices in the Baltimore-Washington, DC region. The primary objective was to evaluate the effects of Guided Care on the quality, efficiency and clinical outcomes of health care for chronically ill older patients and their informal caregivers. The trial began in 2006 and was scheduled to end in June 2008, but was extended through June 2009.

Data from the trial indicate that Guided Care:

- **Improves the quality of patients' care.** After 18 months, Guided Care patients were more than twice as likely as usual care patients to rate the quality of their care highly. [Boyd CM et al. *The Effects of Guided Care on the Perceived Quality of Health Care for Multi-morbid Older Persons: 18-Month Outcomes from a Cluster-Randomized Controlled Trial. J Gen Intern Med 2010; 25(3):235-42.*]
- **Improves family caregivers' perception of quality.** After 18 months, caregivers of Guided Care patients reported the quality of chronic illness care received by their loved one to be significantly higher than usual care caregivers. Those employed in addition to their caregiving role also reported increased work productivity, low absenteeism, and a decline in presenteeism. [Wolff JL et al. *Effects of Guided Care on Family Caregivers. Gerontologist 2010;50(4):459-470. Wolff JL et al. Caregiving and Chronic Care: The Guided Care Program for Families and Friends. Journal of Gerontol Med Sci 2009;64A(7):785-91.*]

- **Improves physicians' satisfaction with chronic care.** Compared to the physicians in the control group, the physicians who provided Guided Care for 1 year reported significantly higher levels of satisfaction with their patient/family communications and their knowledge of their patients' clinical characteristics. [Marsteller J et al. *Physician Satisfaction with Chronic Care Processes: a Cluster-Randomized Trial of Guided Care. Ann Fam Med* 2010;8(4):308-15.]
- **Produces high job satisfaction among Guided Care Nurses.** Guided Care Nurses reported a high regard for most aspects of their jobs, consistently expressing high satisfaction with work hour flexibility and the model of care they provide. [Boult C et al. *Early Effects of "Guided Care" on the Quality of Health Care for Multimorbid Older Persons: A Cluster-Randomized Controlled Trial. J Gerontol Med Sci* 2008;63A(3):321-7.]
- **May reduce the use of expensive services, especially in integrated health care delivery systems.** After 20 months, Guided Care patients experienced, on average, 30% fewer home health care episodes, 21% fewer hospital readmissions, 16% fewer skilled nursing facility (SNF) days, and 8% fewer SNF admissions; only the reduction in home health care episodes was statistically significant. Guided Care produced even larger reductions in a subset of patients who received their primary care from one integrated health care delivery system. Guided Care patients in Kaiser Permanente of the Mid Atlantic States experienced, on average, 52% fewer SNF days, 47% fewer SNF admissions, 49% fewer hospital readmissions, and 17% fewer emergency department visits; the differences for skilled nursing facility days and admissions were statistically significant. [Boult C et al. *The Effect of Guided Care Teams on the Use of Health Services: Results from a Cluster-Randomized Controlled Trial. Arch Intern Med* 2011;171(5):460-6.]

Recognition

Guided Care won the American Public Health Association's **2008 Archstone Foundation Award for Excellence in Program Innovation** and won the **2009 Medical Economics Award for Innovation in Practice Improvement** cosponsored by the Society of Teachers of Family Medicine, the American Academy of Family Physicians, and *Medical Economics* magazine. Guided Care was a finalist for the **British Medical Journal Group's 2010 Getting Research into Practice Award**. The Guided Care Program at Kaiser Permanente Mid-Atlantic States won the **2010 Case In Point Platinum Award for Case Management Provider Program** and was a finalist for the National Business Coalition on Health's **2010 eValue8 Innovation Award**. The Guided Care Program at Johns Hopkins HealthCare won the **2011 Silver Crown Award for Case/Care Management Program** from Dorland Health and the **2011 Case Management Research Award** from the Case Management Society of America.

Ease of Adoption

Guided Care is a well-defined model of care that primary care practices can fully implement in 6-9 months. Implementation involves hiring a registered nurse who has completed a course in Guided Care Nursing and integrating the nurse into the practice. Several forms of technical assistance are available for free to practices that plan to implement Guided Care or the principles of Guided Care as they transform into Accountable Care Organizations or Patient-Centered Medical Homes. The resources include: a detailed implementation manual, a book for patients and families, an online course in Guided Care Nursing, and an online course for physicians and other practice leaders. Organizations are required to obtain a license from Johns Hopkins University in order to use the Guided Care model and use the service mark "Guided Care" in promotional materials to sell services, to enhance web presence, and for similar purposes.

For more information, visit www.GuidedCare.org for details about Guided Care and visit www.GuidedCare.org/adoption.asp for details about the free technical assistance.